

ratio (OR) 1.2, 95% CI 1.12–1.28 ($P < 0.0001$) for RAD; OR 1.55, 95% CI 1.29–1.84, ($P < 0.0001$) for CSA; OR 1.83, 95% CI 1.5–2.46 ($P < 0.0001$) for the perimeter. Ultrasonographic study of the radial artery before CCA can provide important information regarding vascular access. We found that a small radial diameter, CSA, and perimeter are associated with higher VAC rates.

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20. Immediate EIN-hospital results of percutaneous transvenous mitral commissurotomy in patients with mitral restenosis after closed mitral commissurotomy

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Rheumatic mitral stenosis is a very common problem in our population having an incidence of 54 percent among rheumatic heart disease with a female preponderance of 2:1. Percutaneous transvenous mitral commissurotomy (PTMC) using an Inoue balloon catheter is of established efficacy and safety and is an alternative to surgical valvotomy in selected patients with rheumatic mitral stenosis. Nine hundred and ninety (990) patients with rheumatic mitral stenosis who underwent PTMC were evaluated clinically, by echocardiography and by catheter during and after procedure. Out of 990 patients 90 patients had history of previous surgical commissurotomy (Group-1) and rest 900 patients had no history of previous surgical commissurotomy (Group-2) PTMC is an effective procedure for patients with mitral restenosis following surgical commissurotomy.

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21. Safety and feasibility of returning patients immediately back to their parent hospitals after transfer for primary percutaneous coronary intervention

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Primary PCI is the preferred treatment for acute myocardial infarction but some time due to non availability of the beds in the CCU of PCI capable Hospitals a good number of patients who are eligible for primary PCI are deprived from this treatment. To provide this important treatment for the eligible patients in community hospitals without primary PCI capability to accept the patients for primary PCI and then transfer back to the parent hospital after primary PCI. The study were involved STEMI

patients eligible for primary PCI from the other Hospitals in case of non availability of beds in Prince Sultan Cardiac Center Qassim were accepted in Cardiac center for Primary PCI and then were return back to their parent hospital after Primary PCI. Patients transfer back were with the agreement of the parent hospitals which were capable to take care of the Acute STEMI patients. Transfer back patients were selected in the inclusion criteria, stable patients and without complication during primary PCI. Adverse cardiovascular events occurring during Ambulance Transfer back, during parent Hospital stay and within 30 days were recorded. The study were involved STEMI patients eligible for primary PCI from other Hospitals in case of non availability of beds in Prince Sultan cardiac Center Qassim, were accepted for primary PCI in cardiac center and then return back to their parent Hospitals after Primary PCI. Patients transfer back were with the agreement of the parent hospitals which are capable to take care of Acute Myocardial Infarction patients. Patient transfer back were selected in the inclusion criteria, stable and without complications during primary PCI. Adverse cardiovascular events occurring during ambulance transfer back, during hospital stay in the parent hospital and within 30 days were recorded. Major and minor adverse events mortality, stroke, re infarction, bleeding, arrhythmia, vascular complications, length of hospital stay and re-admission were analyzed. During this time period 124 patients were transfer back to their parent hospitals immediately post primary PCI. There were no adverse events during transfer back in the ambulance. During hospital stay only one patient had hematoma in the right arm which was treated conservatively. Average hospital stay in parent hospital was 5 days. Only one patient was re transferred to our cardiac center due to AV block. During one month follow up no adverse events were happened. The return of patients transferred for primary PCI to their referral Hospitals in case of non availability of beds in PCI capable hospital is a safe and feasible strategy when it is applied in selected group of patients. More studies are needed to confirm this first experience in GULF and surrounding region.

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22. Comparison of conventional echocardiographic parameters of rv systolic function with cardiac magnetic resonance imaging

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Nowadays, cardiac magnetic resonance (CMR) imaging is considered the gold standard for quantification of RV size and function. Multiple 2D Echocardiography (echo) parameters are recommended for quantification